Indian Health Service Office of Information Technology

Chief Information Officer's Report to the IHS Information Systems Advisory Committee

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October 18, 2006

President's Management Agenda (PMA)

- IHS Director and CIO are meeting OMB mandated "Green" Standards for Success on PMA e-Gov Scorecard
- IHS scored green for progress in all 4 quarters of FY06

E-Gov Initiatives

- Grants.gov successfully running IHS-wide. In FY06, IHS posted 12 new application packages in Grants.gov "Find" and received 583 electronic applications through Grants.gov "Apply."
- PRISM consolidated procurement system
- SUNFLOWER consolidated property system
- Learning Management System Replaces IHS ARMS legacy training system; IHS scheduled to decommission ARMS training modules concurrently with UFMS activation in FY08Q1
- GovTrip Successfully running in IHS; replaces IHS ARMS travel orders and vouchers
- HHSMail IHS Migration in full swing

HHSMail

- IHS tasked with migrating approximately 18,000 users at IHS Headquarters, 12 Area Offices, and 168 high-bandwidth sites to consolidated e-mail
- Transitioned 8,571 HHSMail users by September 30, 2006
- Areas completely migrated by 09/30/06 include Albuquerque, Bemidji, Billings, California, All Headquarters locations, Nashville, Oklahoma, and Portland

HHSMail

- Locations to be Migrated:
 - Aberdeen & Phoenix Areas and Navajo Area
 Office will complete migrations in October
 bringing our total up to 10,000.
 - Tucson Area & California Rural Indian Health Board, a Tribal site, will be complete by November 16.
 - Project migration of remaining Navajo sites by mid-December, depending on completion of bandwidth upgrades on the Reservation.

IHS Enterprise Architecture (EA)

- CIO approved & issued IHS EA v 6 on 07/28/06
- Aligns IHS with Federal Enterprise Architecture, Federal Health Architecture, and HHS EAs
- Comparable to activities of other HHS OPDIVs

Security

- Network Operations and Security Center (NOSC)
 - Full cutover & standup of 24 x 7 management in progress
- Met FISMA, OMB, & HHS security, C&A, and contingency planning requirements in FY06
 - NPIRS, RPMS, and IOAT C&As completed
 - 100% of IHS employees completed annual security awareness training by 06/01/06, 3 months earlier than scheduled
 - NPIRS, RPMS, & IOAT systems have continuity of operations plans developed, implemented, tested, and integrated into the IHS-wide C&A process
- Providing Areas with guidance and assistance in all C&A, COOP, FISMA, and PO&M efforts

Capital Planning & Investment Control (CPIC)

- Exhibit 300 submission
 - addresses cost and outcomes of IHS RPMS, IOAT, and NPIRS programs
 - includes complete alternatives analyses & multiple linkages to President's Management Agenda & other HHS crosswalks
 - Our agency's IT Investment successes are dependent on our ability to estimate schedule & cost, & then track variance within 10%

CPIC

During FY06:

- HHS ITIRB ranked IHS' RPMS as the Department's priority #3, NPIRS at #7, and IOAT at #35 (out of 107 HHS investments)
- Exhibit 300s consistently submitted by due dates & received acceptable scores as required by OMB Circular A-11
- No IHS investments exceeded cost or schedule variances by +/-10%

Earned Value Management (EVM)

- IHS is proactively implementing HHS EVM by volunteering RPMS investment to pilot new HHS enterprise-wide EVM tool, the Dekker Tracker
- IHS consistently met HHS monthly EVM reporting requirements in FY06

Integrated Program Team (IPT)

- Establishing IPT to ensure IT investments directly support & align with IHS mission and strategic goals
- Establishing Program Management Office infrastructure to manage planning & reporting processes for the following:
 - RPMS PMO
 - NPIRS PMO
 - IOAT PMO

Information Technology Investment Review Board

- Revitalized ITIRB in FY06
- Now meeting quarterly to make critical IT investment decisions on behalf of Agency
- Board Membership being redefined through proposed ITIRB charter
 - seven permanent members (including both ISAC Co-Chairs)
 - four rotating members

National Coordinator for Health IT

- 04/24/04, Presidential Executive Order 13335, "Incentives for the Use of Health Information Technology and Establishing the Position of the National Health Information Technology Coordinator."
- August 22, 2006, Presidential Executive Order 13410, "Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs."

Health IT Interoperability

- Driven by Executive Order 13410
- Priority goal in support of President's agenda for American healthcare
- OMB surveyed Fed Government to identify:
 - current baseline
 - planned and potential opportunities for future interoperability initiatives
 - Government Healthcare contracts

Health IT Interoperability

- Survey satisfies 2007 budget passback requirements for submission of a Health IT Standards Baseline
- Survey is looking at systems that are:
 - computer- based
 - paper-based business processes not yet automated, to the extent agency determines that the standards are applicable.

Health IT Interoperability Scorecard

- IHS may be required to submit a quarterly Health IT Interoperability Scorecard, based on OMB and HHS evaluation of survey and systems
- Yet to be determined

RPMS-Electronic Health Record

- As of 09/30/06, IHS EHR Graphical User Interface in clinical use at 65 facilities nationwide
- Sites continue to report high level of user satisfaction and positive impact on patient care
- Enhancements ongoing, new version being alpha-tested at two facilities
- Current development includes enhancements to improve medication management, documentation of care, and inclusion of capabilities for management of behavioral health patients

RPMS - iCare

 Began testing a new Integrated Case Management application in Q4FY06

 Marks transformation in care management for high risk and chronic disease patients

RPMS - Clinical Reporting System

- Being updated for its sixth year of providing I/T/U health care facilities with tools for evaluation and reporting of clinical performance
- Significant 2006 CRS enhancements added 9 new performance measure topics & performance measurement assessment tools
- Now able to produce reports on demand from local databases for one or more of 50 clinical topics, comprised of over 349 individual indicators/performance measures

RPMS Partnerships

- External organizations are using RPMS
 - National Aeronautical Space Administration (NASA) is adopting RPMS for its system of occupational health
 - West Virginia Primary Care Network is using RPMS and the RPMS EHR in its HRSAfunded facilities

Veterans Health Administration

- Information Technology Sharing-Telehealth
 - VistA Imaging software program
 - Some IHS Areas have implemented or are planning implementations of VistA Imaging to support tele-radiology
 - For telehealth HL7 specifications and workload coding
- Shared services:
 - Tele-mental health services from Denver for American Indian veterans with post-traumatic stress disorder in Montana, North Dakota, and South Dakota
 - Tele-radiology services from VHA VISN 15 to the Portland Area IHS

National Data Warehouse (NDW)

- Continued to implement NDW to ensure performance & administrative accountability. During FY06:
- Completed initial RPMS site loads & successfully began incremental site exports & loads into NPIRS new NDW system
- Published export standards for Tribal sites using IT systems other than RPMS & successfully loaded several exports from Tribes that sent exports complying with these standards
- Produced & validated Workload Reports from NPIRS new NDW system

Section 508

During FY 2006:

- Developed draft IHS Section 508 Implementation Plan
- Implemented 508 processes into IHS policies & procedures (i.e., acquisitions, Human Resources, training, etc.)
- Established IHS Section 508 Team & Area Section 508 Coordinators
- Facilitated mandatory Section 508 Phase I & II training sessions

National IT Contract

- OIT awarded 2 of 3 new national IT support contracts for one year (FY07) replacing the former CNITD contract.
- Note: Third contract will be finalized in November.

OIT Budget Update

Forecasted Income for IT

External non-recurring funding for OIT initiatives

- National Diabetes Program-\$5.2 million in support of IHS EHR and chronic care decision support
- Minority AIDS Initiative-\$450,000 to develop enhanced functions & provider training for RPMS HIV case management software
- Stevens Bill \$655,000 for RPMS behavioral health technology improvement

Performance Driven Budgeting

- Goal allocate appropriate level of resources:
 - Align resources and budgets;
 - Link initiatives with operational plans; and
 - Integrate shared services costing.

Performance Based Budgeting, Output Costing, Performance Management

PLANNING/ FORMULATION-	Inte	grated Budget Solu	tion	EXECUTION/ REPORTING
Goals	,	OUTCOMES		Results
Objectives		NTERM DIATE OUTCOME	s	Results
Targets		OUTPUTS	Per	formance Measures
Targets		PROCESSES	Peri	formance Indicators
Budgets		RESOURCES & INPUTS		Budget Variances
	PLANNING AND BUDGETING	COST ANALYTICS	PERFORMANCE MANAGEMENT	

Budget Process of Information Technology

- OIT develops documents for our 3 investments (called the 300)
- Capital Planning and Investment Control (CPIC) Council meets monthly to review/discuss investments
- The 300 documents are reviewed by HHS as well as OMB
- Investments are evaluated by HHS
 - OIT reports MONTHLY on earned value for each of the 3 investments (goal is less than 10% variance)
 - Includes DME (development, modernization, enhancement) and O&M (operations and management)
 - All of our IT investments were rated highly by HHS (3, 7, 33 out of 107 DHHS investments

Three Investments

- RPMS- Major
- IOAT (Infrastructure, Office Automation, Telecom)- Major
- Data Warehouse- Tactical

Four Divisions

- Division of Enterprise Project Management
- Division of Information Resources
 Management
- Division of Information Security
- Division of Information Technology
- Plus Office of the Director

Division of Enterprise Project Management

Performance Measures-Budget Drivers

- Continue to expand the deployment of RPMS EHR to an additional 40 sites by Q4, FY 07. A PART measure. (cascaded from CIO)
- Initiate development of RPMS' capability to provide a valid cost accounting link to health outcomes by specific activity. (cascaded from CIO)
- iCARE
 - Provide the information technology infrastructure to support the release and deployment of the IHS integrated case management tochronic care pilot sites by 09/30/07. (cascaded from CIO)
 - Improve population health through the deployment of an integrated case management system (iCARE) to identified sites. (cascaded from CIO)
 - Develop & deploy additional chronic care evaluation measures within RPMS. (cascaded from CIO)
- Support the OCPS in the development and implementation of the RPMS patient wellness handout at 25% of all Federal service units by Q3 FY07 to ensure personalized and preventive health care for Al/AN patients. (cascaded from CIO)
- Evaluate the inclusion of price and quality information in a pilot project (possibly diabetes care & possibly a stretch goal). (cascaded from CIO)
- Distribute health care quality data via CRS that facilitates sharing of information with health care consumers at the local facility level by 9/30/07. (cascaded from CIO)

Division of Information Resources Management Performance Measures-Budget Drivers

- Implement the Dekker Tracker Earned Value Tool. (cascaded from CIO)
- Ensure all major IT investment compliance with EVM ANSI standards and operate within 10% variance from approved cost, schedule, and performance baselines. (cascaded from CIO)
- Ensure that Budget requests are explicitly tied to accomplishment of annual and long-term performance goals with a budget linkage to the specific activities of RPMS. (cascaded from CIO)

Division of Information Technology

Performance Measures-Budget Drivers

- Annually review and update the Enterprise Architecture and Strategic Plan. (cascaded from CIO)
- Ensure IHS EHR is developed in compliance with established HHS Health IT standards. (cascaded from CIO)
- Fully meet the established deadlines for the generation of User Population and Workload counts by Q4FY07. (cascaded from CIO)
- Provide the information technology infrastructure to support the successful IHS transition to the Unified Financial Management System by Oct 1, 2007. (cascaded from CIO)
- Facilitate the expansion of pilot Health Information Exchanges to include additional qualifying communities. (cascaded from CIO)
- In support of Section 508 compliancy, meet all significant deadlines of the IHS 508 Implementation Plan by Q4FY07. (cascaded from CIO)

Division of Information Security

Performance Measures-Budget Drivers

- Secure applications, data and systems to protect information entrusted to HHS, especially personally identifiable information. (HIPAA & FISMA) (cascaded from CIO)
- Ensure 100% of IHS employees complete annual general security awareness training by 06/01/07. (cascaded from Director)
- Prepare IT systems and processes for response to disasters, both to help respond to disasters and to ensure HHS business processes continue in the event of a disruption. (cascaded from CIO)
- Provide the information technology infrastructure to support the implementation of the HHS Department-wide HSPD-12 plan in accordance with the established schedule. (cascaded from CIO)

Budget FY Process Time Line

August 21st

August 30th

September 18^{th or the 25th} 1st Draft Due

October 16th

October 20th

Budget Process

Training Session

Presentations

Operating Plans

Summary

Questions, Answers, Discussion